

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19013**
Registrar's No. **1277**

FILED JUN 7 1943

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Creve Coeur**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** years, months or days

3. (a) PRINT FULL NAME **MARY KAEMMERER**

3. (b) If veteran, name war _____ 3. (c) Social Security **493-07-0223**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2**

6. (b) Name of husband or wife **Harold** 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased **March 5 1908**
(Month) (Day) (Year)

8. AGE: Years **35** Months **5** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Waitress**

11. Industry or business **Carls Cocktail Lounge**

12. Name **Orla Shaw**

13. Birthplace **Liberty** (City, town, or county) **Mich** (State or foreign country)

14. Maiden name **Mary Renth**

15. Birthplace **Carls** (City, town, or county) **Ill.** (State or foreign country)

16. (a) Informant **Mrs Mary Shaw**

(b) Address **4713 Bingham**

17. (a) **Burial** (b) Date thereof **June 1-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset**

18. (a) Signature of funeral director **Aug Mullen**

(b) Address **5041 Delmar**

19. (a) **JUN 2 1943** (b) **C. J. McLaughlin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5045 Washington**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23** 29
year **1943** hour **7:30** minute **PM** **5-AM**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Drowned in Creve Coeur Lake.**

Due to **Drowning**

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **No.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **May 22, 1943**

(c) Where did injury occur? **Creve Coeur Lake, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Louis Kirkwood**

Address **Kirkwood, Mo. 5-1424** Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.